



Navy and Marine Corps Medical News



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July 2012

MEDNEWS Items of Interest

The Navy Medical Service Corps will celebrate its 65th birthday Aug. 4.

Check out Naval Medical Center San Diego's new video on their ophthalmology clinic: http://youtu.be/0x84N1U-y_k.

What does the Naval Undersea Medicine Institute do? Learn how they are interacting with international partnerships on the Navy Medicine blog: <http://navymedicine.navylive.dodlive.mil/archives/3348>.

Navy Weeks 2012 - Navy Medicine will be participating in the following 2012 Navy Weeks: Chicago (Aug. 13-20), Buffalo (Sept. 10-17) and Houston (Oct. 22-28).

Find us on Facebook. U.S. Navy Bureau of Medicine and Surgery, follow us on Twitter @ NavyMedicine, read our publications on Issuu, check out our photos on Flickr, watch our videos on YouTube and read our blog on Navy Live.

Did You Know?

Rim of the Pacific Exercise (RIMPAC) 2012 runs from June 27 – Aug. 3, and involves 22 nations, 40 surface ships, six submarines, over 200 aircraft and 25,000 personnel engaged in the world's largest international maritime exercise.

Navy Surgeon General views research at Navy Medicine's Alamo City laboratory

By Joe N. Wiggins, NAMRU-San Antonio Public Affairs

SAN ANTONIO - The Navy's top doctor visited one of the Navy's newest biomedical re-search labs in the Alamo City, June 14, and left impressed with what he saw.

Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general and chief of the Bureau of Medicine and Surgery, visited the Naval Medical Research Unit-San Antonio (NAMRU-San Antonio), receiving briefings and hands-on tours of many of the lab's latest developments, which included new and ongoing projects in the core missions of directed energy, dental, and combat casualty care biomedical research.

NAMRU-San Antonio operates in two facilities, the Battlefield Health and Trauma Research Institute and the Tri-Service Research Laboratory. The admiral had the opportunity to visit both.

"It was an honor to have Admiral Nathan see what we are doing and hear his thoughts about our ongoing research and development efforts," said Capt. Vincent DeInnocentiis, commanding officer of NAMRU-San Antonio. "His comments, questions and observations truly inspired our staff. He also gave us a clear picture of how our mission fits into the overall Navy Medicine picture and supports the warfighters in the field."

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U.S. Navy photo by Joe Wiggins

(Left to Right) Cmdr. Nora Perez, head, Combat Casualty Care Research Department, Naval Medical Research Unit-San Antonio, and Lt. Cdr. Anne McKeague, head, Expeditionary Medicine Division, Combat Casualty Care Department, NAMRU-SA, brief Vice Adm. Matthew L. Nathan, U.S. Navy surgeon general on tourniquet research being conducted at the unit using the HapMed Combat Medic Trainer. In the background are Judge E. Kelly, student intern, and Lincoln Miller.

Charting the course for the future of military health care

The Military Health System and Navy Medicine have done the amazing and exceeded expectations over the past decade. We have not only established the highest survivability rate in the history of war but the medical advancements we've achieved will benefit the U.S. public and global health systems for countless people for decades to come.

While we have achieved much, we need to be constantly asking ourselves the tough questions as we navigate some uncharted and uncertain times. How are we going to position ourselves to continue to meet the needs of our warfighters and their families? How will we work to sustain the high state of medical readiness that is demanded of us? How do we continue to provide today's high quality health care in an era of greater fiscal constraints and strategic change?

With these questions in mind, we in Navy Medicine have begun looking

downrange to determine where and how we should be positioned five, 10 and 20 years from now to provide the best return on the nation's investment in quality health care for its naval forces. To drill down on this concept, I recently hosted a workshop for my most senior military and civilian leaders in Navy Medicine to answer these pressing questions and chart the way ahead.

"Our goal is to lead the way and help work with our sister services to develop joint health care solutions and recommendations that make sense."

**--Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General**

and James T. Kirk had the opportunity to get together, they would share tales about the interesting, and perhaps similar problems of their day. I would state that our real and fictional heroes would simply say that you have to meet change head on, recognize where it's happening and look for the opportunities to embrace it.

One key challenge we face today is to concentrate on bringing more value and jointness to military health care while maintaining the high state of medical readiness for our naval forces that our nation demands. After a decade of combat operations, we are more joint today that we were yesterday and we will be more joint tomorrow than we are today. While the Navy will always have a unique mission set and identity, we also need to recognize that the world is changing. Our nation's leaders expect the military to become more efficient and consolidate in certain areas that make sense and my workshop set a course to make recommendations in areas of health care where it would make sense to be more joint.

It is an understatement to say that we live in dynamic times. We face some very interesting challenges and it is vital that we assembled our A-team to get together and discuss them. Challenges are not unique to us, as everyone faces the challenges defined by their era. I would surmise that if John Paul Jones



**Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General**

Our goal is to lead the way and help work with our sister services to develop joint health care solutions and recommendations that make sense.

It is often difficult to define what "jointness" really means as it's not something that is tangible, but we're opening the doors to rethinking and really engaging on how to achieve this.

In an effort to provide clarity on our current challenges, my senior leaders were divided into individual goal teams with specific timelines and clear objectives to developing strategies to achieve success in the key focus areas identified. We had some excellent discussions during the workshop on everything from combat casualty care to humanitarian assistance/disaster relief. We are now working to get a product out in the coming months full of business-based recommendations and proposals to share with Navy leadership and our sister services. This is to better position military health care to meet the current mission and better prepare ourselves for the emerging challenges that await us over the horizon. When the world dials 9-1-1, it is not to make an appointment and we must always be ready for the next call to action.

The leadership team will reconvene this fall to brief their recommendations and solidify the way forward.

Stay tuned... you have the watch at challenging and pivotal times as we make flank speed.

I am honored to be serving as your surgeon general and I look forward to seeing you around the fleet.



U.S. Navy Bureau of Medicine and Surgery

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CORPSMEN ENSURE MARINES, SAILORS READY TO DEPLOY

By Lance Cpl. Timothy Childers, 15th Marine Expeditionary Unit

USS PELELIU — When corpsmen take the brave step to wear the “green” uniform and serve alongside Marines, the distance between themselves and their “blue” origins may grow. However, when the “docs” come together, they work cohesively as a blue-green team.

During the three-week Composite Training Unit Exercise, starting here, July 17, corpsmen from the 15th Marine Expeditionary Unit and the Peleliu Amphibious Ready Group began working together in the USS Peleliu’s medical department.

“We come together with a one-team-one-fight mindset,” said Senior Chief James Helt, medical planner, Command Element, 15th MEU. “We have to support one another in order for the MEU Command Element, fleet surgical team and the ship medical team to work cohesively.”

The team, close in size to a county hospital, is not only capable of providing dental care and operating sick call, where servicemembers can receive treatment for minor illnesses and injuries, they can also perform up to level two trauma surgeries that include open abdominal procedures, care for individuals in intensive care, give blood, develop x-rays, and give vaccinations.

“We are the largest medical hospital at-sea that can operate in a combat environment,” added Helt, 40, from Des Moines, Iowa. “With the amount of sailors working here, it’s crucial we work together.”

The corpsmen are currently working to ensure servicemembers are medically ready to deploy later this year. This requires the staff to ensure all Marines and sailors in the PELARG are fit for service, have the right vaccinations, and are free of illness or injury.

“I’m in charge of the MEU’s medical readiness,” said Petty Officer 2nd Class Wendell Tabios, corpsman, Command Ele-



Photo By Lance Cpl. Timothy Childers

Hospital Corpsman 3rd Class Sarah Johnson, Marine Medium Helicopter Squadron 364 (Rein.), 15th Marine Expeditionary Unit, prepares to vaccinate Lance Cpl. Christopher M. Carino, an airframe mechanic from the same unit, during the three-week Composite Training Unit Exercise, July 19.

ment, 15th MEU. “We take care of Navy and Marine patients. All corpsmen help, it doesn’t matter if you’re blue or green, everyone will do his or her part and make sure to take care of Marines and sailors.”

Corpsmen from both sides work together to maintain a complete team concept. The medical center needs the green-side counterparts to fill in when the Navy staff is required to support other operations that may include sick call or even a mass casualty. Likewise, when the MEU has Marines on the ground, the blue-side will support, said Senior Chief Scott Loflin, senior chief hospital corpsman, USS Peleliu.

SURGEON

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During the tour, Nathan watched a demonstration of the new tourniquet testing using the HapMed Combat Medic Trainer and spoke with the researchers about their work. The trainer simulates pulse and other bodily functions and shows when circulation is controlled using a tourniquet. NAMRU-San Antonio is the lead laboratory for the Tri-Service test and evaluation study titled, “Joint Operational Evaluation of Field Tourniquets.”

“The testing we demonstrated for Admiral Nathan included evaluating the parameters of the tourniquet currently used in the field, along with other alternatives being considered,” said Lt. Cmdr. Anne McKeague, head of the Expeditionary Medicine Division, Combat Casualty Care Department of NAMRU-San Antonio.

“I can remember in the Boy Scouts

being trained on the use of improvised tourniquets,” said Nathan. “Some time later, their use became sort of blasé in the medical community, but now they are critical in combat conditions. After my tour in Kandahar Province, Afghanistan, I know these devices are saving lives.”

During a discussion on the current dental and biomedical research projects, Nathan was very interested in how the research was developed as well as how it affects other areas of the medical mission. When briefed on research dealing with targeting drug-resistant bacteria, the admiral had several questions for the research staff.

“I’m certain that biogenetics is the next big thing in medicine,” Nathan said after learning of their work and current findings. “Cracking this code in one area like dental and biomedical research will affect many other areas of medicine for the Navy and all warfighters.”

“I was very impressed with his interest in our dental and biomedical research, as

well as his depth of understanding of the importance of what we are doing,” said Dr. Nancy Millenbaugh, a research chemist in the Dental and Biomedical Research Department. “He was very interested in how we conceived our areas of re-search, the results we are seeing, as well as how what we do here could affect other areas of military medicine.”

Nathan also discussed the future of Navy Research and Development during an All Hands call.

“It was great to talk to the people and to see their passion that is driving their research,” said Nathan. “I urged them to continue to develop new concepts that lead to new areas of R&D. My time in Kandahar reinforced just how much what they are doing here can ultimately save lives in combat scenarios. I know I haven’t seen everything they do, so I am looking forward to visiting with them again in the future.”

Navy Medicine headquarters Chief of Staff earns first star

By Valerie A. Kremer, U.S. Navy Bureau of Medicine and Surgery Public Affairs

ARLINGTON, Va. - The U.S. Navy Bureau of Medicine and Surgery chief of staff was promoted to the rank of Rear Admiral (Lower Half) during a ceremony held at the Women in Military Service for America Memorial, July 2.

Capt. Rebecca McCormick-Boyle, Nurse Corps, was promoted to the rank of Rear Admiral (Lower Half) by Rear Adm. Elizabeth Niemyer, director, Navy Nurse Corps.

"It is my honor and privilege to serve with Navy Medicine," said McCormick-Boyle. "Our mission is a global force for good and I commit to it with joy, purpose, and passion."

During the ceremony, McCormick-Boyle also received the Legion of Merit award for her work on the deployment of the inpatient health record, Essentris®, across Navy Medicine; her coordination of mental health and radiation health assets during Operation Tomodachi; and the planning and implementation of the Medical Home Port model.

"This is a great day for not only the nurse corps, but for Navy Medicine because the selection to flag is an incredible honor," said Niemyer. "I am delighted to see Rebecca promoted today. I know she will be not just a good flag officer, but a great one. It's wonderful to welcome her into the flag community as she puts her star on today."

During the event, Rear Adm. Donald Gintzig, deputy chief, medical operations, U.S. Navy Bureau of Medicine and Surgery, presented McCormick-Boyle with her one star flag.

After taking the oath of office for her new promotion, McCormick-Boyle addressed the audience for the first time in her new rank.

"I believe that one should belong to a mission bigger than oneself," said McCormick-Boyle. "There are many missions to choose from on one's life journey. For me, the mission I choose to embrace is the wearing of the cloth of the nation. We must cherish and support service members and their families. It is an honor and a privilege to serve on Navy Medicine's team to do just that."

A native of Griffins Mills, N.Y., McCormick-Boyle attended the State University of New York at Buffalo School of Nursing, was commissioned as an ensign in 1981 and reported to



Photo by James Royal

Marine Corps 2nd Lt. Tobias McCormick-Boyle, son of Rear Adm. Rebecca McCormick-Boyle, places the new shoulder boards on his mother's uniform during her promotion ceremony at the Women in Military Service for America, Arlington, Va., July 2.

Naval Hospital, Orlando, Fla., for her first military assignment where she gained first-hand experience in surgical and critical care nursing.

McCormick-Boyle has served in numerous leadership and health care positions across the globe, earning a Master of Health Administration from Baylor University in 1996, and subsequently served in several leadership positions at Naval Hospital Camp Lejeune, N.C., including director, branch medical clinics, executive assistant to the Commanding Officer for Health Care Operations and Fleet Hospital senior nurse. Reporting to the Bureau of Medicine and Surgery in 1999, she served as a special projects coordinator for Navy Medicine's Optimization Initiative before being promoted to captain in 2003 and assuming the position of nurse corps career plans officer.



Photo by Mass Communication Specialist 2nd Class Stephen M. Yotaw

Expeditionary Medicine

Lt. Chris Chung, second from right, inspects the mouth of a Vietnamese child as part of a dental check-up during a medical civic action project as part of Pacific Partnership 2012 in Vihn, Vietnam, July 22. Now in its seventh year, Pacific Partnership is an annual Pacific Fleet humanitarian and civic assistance mission U.S. military, host and partner nations, non-governmental organizations and international agencies designed to build stronger relationships and disaster response capabilities in the Asia-Pacific region.

Navy's top doc speaks at Naval Officers Association Conference

By Capt. Dora Lockwood, U.S. Navy
Bureau of Medicine and Surgery
Public Affairs

NEW ORLEANS - The Navy's surgeon general and chief of the Bureau of Medicine and Surgery participated in the Enterprise Leadership Panel at the National Naval Officers Association (NNOA) 40th Professional Development and Training Conference July 24.

Navy Surgeon General, Vice Adm. Matthew Nathan, told an audience of more than 100 attendees that the main mission of Navy Medicine is to keep the nation's naval forces medically ready to operate around the world in support of U.S. national objectives.

"Readiness is the hallmark of Navy Medicine," Nathan said. "Everywhere a Sailor or Marine goes, Navy Medicine

goes with them, and it is my mission to keep the warfighter safe on, above and below the water and on and off the battlefield."

Nathan highlighted the Navy's global mission of being forward deployed to provide a power projection and deter-

rence role, while also being ready to respond to humanitarian assistance and disaster response requirements.

"We are a global force for good," said Nathan. "We prepare for war, but on a daily basis we operate for peace."

Navy Medicine is a key element

of the maritime strategy's humanitarian assistance capability. Nathan stressed the importance of diversity in the Navy and in Navy Medicine in supporting the maritime strategy.

"It is imperative for us to field the best

team possible through diversity," Nathan said. "It's never been more important to create cultural ties and bonds around the world through humanitarian missions, like Pacific Partnership. When the world sees the diverse tapestry and backgrounds of the personnel who make up the U.S. Navy, we can better become a leader in national security around the globe."

NNOA is one of the largest affinity organizations committed to recruiting, developing and retaining minority officers. The purpose of the event is to provide professional development for personnel of the sea services and to demonstrate the importance of cultural diversity.

Other naval leaders on the panel included Vice Adm. Allen Myers, commander of Naval Air Forces and commander of Naval Air Force, U.S. Pacific Fleet; Rear Adm. Bruce Grooms, deputy, Operations Plans and Strategy; Rear Adm. Michael Tillotson, commander of Navy Expeditionary Combat Command; and Rear Adm. Gordon Russell, commander of Navy Intelligence Reserve Command. Each highlighted the importance of enhancing leadership, mentorship and diversity in the Navy.

"When the world sees the diverse tapestry and backgrounds of the personnel who make up the U.S. Navy, we can better become a leader in national security around the globe."

**--Vice Adm. Matthew L. Nathan
U.S. Navy Surgeon General**

Docs, corpsmen keep Marines, multi-national forces fit for duty

By Sgt. Tatum Vayavananda, U.S. Marine Forces Africa

THIÈS, Senegal – When over 1,200 U.S. and West African service members train, eat, sleep and live together in an austere environment, there is the risk of injuries, illnesses and medical emergencies. In order to keep the force fit for duty during Exercise Western Accord 2012, a team of Navy medical personnel deployed medical assets directly to the onsite location for the multi-week, multi-national field training event.

Navy personnel from 4th Medical Battalion, 4th Dental Battalion and 3rd Battalion 25th Marine Regiment, set up a Battalion Aid Station, a Forward Resuscitative Surgery Suite, and a dental site to help reduce illness, stabilize serious injuries, perform dental procedures, cure digestion problems and everything in-between.

"We provide medical support for Marines wherever they are training," said Chief Petty Officer Tremaine L. Luster, hospital corpsman, 3rd Battalion 25th Marines. "We are here to get Marines patched up and back on the field."

Having the ability to deploy medical teams and equipment to the actual training area is essential for mission accomplishment.

"Marines will do anything as long as they know they have medical backup capabilities within close range," said Navy Capt. Joseph P. Constabile, the officer-in-charge for the FRSS.

The FRSS is a complete surgical suite that provides capabilities to stabilize a patient before moving them to a higher echelon of care. The FRSS tent features: a temperature-controlled

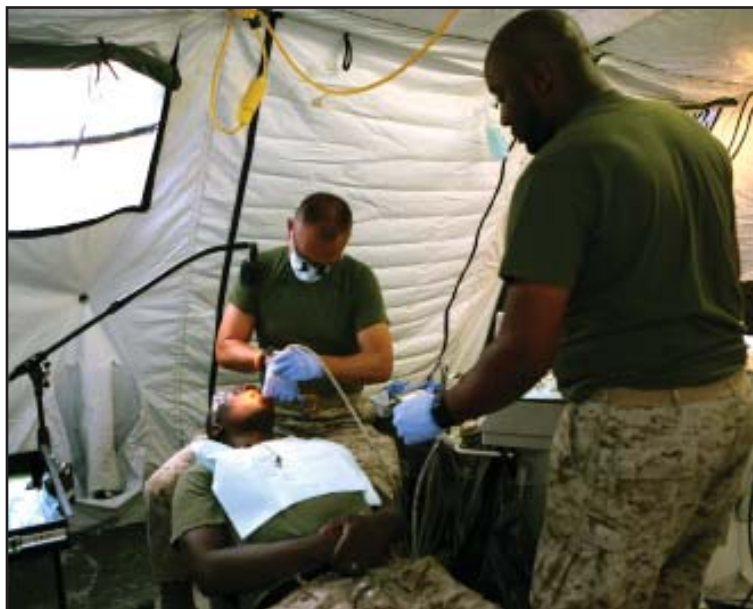


Photo by Sgt. Tatum Vayavananda

In a field dental suite, Navy Capt. Paul Bowersox, a dentist, and Hospital Corpsman 3rd Class Andrine Randle, a dental technician, from 4th Dental Battalion, treat a U.S. Marine patient during Exercise Western Accord 2012. Exercise Western Accord 2012 is a multi-lateral training exercise with West African nations to increase understanding and interoperability, prevent conflict by enabling Africans to provide for their security and stability, strengthen relationships with partner nations, and promote and support U.S. national security priorities.

NMCS D prepares for 14th annual DEFY summer camp

By Mass Communication Specialist 1st Class Phillip D. James Jr., Naval Medical Center San Diego Public Affairs

SAN DIEGO - Naval Medical Center San Diego is currently preparing for its annual Drug Education for Youth (DEFY) camp. The camp is held at Murphy Canyon Chapel from July 25 to Aug. 3, 2012.

"The DEFY mentorship program is available to all NMCS D staff dependents ages 9-12," said NMCS D DEFY Program Coordinator, Chief Hospital Corpsman Ernesto Calvillo. "DEFY's goal is to empower youth to build positive, healthy lifestyles as drug and gang free, successful citizens. The camp is filled with many fun and engaging activities dealing with topics such as self-esteem, leadership, drugs, gangs, decision-making, conflict resolution, physical fitness, nutrition, and teamwork."

According to the website, DEFY is a two-phased program developed by the Drug Demand Reduction Task

Force (DDRTF). Phase one is a challenging and fun filled week in the summer focused on goal setting, leadership and teamwork, relationships, conflict management, substance abuse prevention, gang awareness and de-glamorization as well as raising self-esteem. Phase two is a year of mentoring designed to support the training and education received in Phase one.

NMCS D started its program in 1999 and the response from participants has been very positive, according to Culinary Specialist 1st Class Ainahau Desha, assistant NMCS D DEFY program coordinator. Desha said, "There are quite a bit of requests to have the youths return for consecutive DEFY summer camps."

This year NMCS D has 25 children in the program, 18 volunteers, and three junior mentors, children that have participated in the camp before and are given limited leadership roles within the camp.

Timothy Bentley, the Navy DEFY program manager said, "The DEFY Program began as one of a number of programs implemented by the Secretary of the Navy's DDRTF in 1993. The DDRTF was established to assist in the development of

strategy, policy and programs to decrease the demand for illegal drugs in support of the National Drug Control Strategy."

According to Bentley the original vision of DEFY was to strengthen the character, leadership, confidence and other life skills of youth to enable them to make sound judgments about drugs and other life choices and was implemented as a civilian outreach program, but in 1996, due to changes in the National Defense Authorization Act, focus was diverted to DoD-family members.

Bentley said, "The mission of the DEFY Program is to improve combat readiness by providing a drug demand reduction and comprehensive life skills program designed to improve youth resiliency and strength. The goal is to empower military youth to build positive, healthy lifestyles as drug-free and successful citizens. DEFY has gone through frequent updates to ensure the program content and activities remain current."

"This is an important program in which we have an impact with the children of our staff. It is not enough for us to target only our staff with drug and gang awareness and prevention. The dangers and availability are ever present in the environment our children are exposed to," said NMCS D Command Master Chief Yenhung Duberek and father of one of last year's participants.

Duberek said that DEFY is a great way to give back to the staff and community on a personal level by providing not only drug resistance and information skills, but also patriotism, self-management, general social skills, physical fitness, personal safety, gang resistance, conflict resolution, nutrition, community service, leadership and self-esteem.

"As a parent," Duberek said, "programs like DEFY are extremely important to assist my spouse and I with educating and deterring our two sons from the negative influences in society."

Duberek said the skills we instill in our young Americans will help them navigate a complex and dangerous environment with numerous negative temptations and pitfalls. He has had nothing but positive comments from other parents and gratitude for investing in their children's future and well being.



CORPSMEN

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surgery room, capabilities to control bleeding and contamination, operating tables and an ultra-sound machine, among the other capabilities to treat Marines in the field.

"Where the Marines go, the FRSS goes," added Constabile.

The medical facilities are especially important for training during Western Accord 2012 in Thiés, Senegal. The BAS serves as the basic "sick call" for Marines in the field when there is no medical

facility available to them.

"We're important because out here there is no local medical support for about three hours away, so if anything happens, there would be no way to treat them," said Luster. "We have to know how to adapt without having everything available," added the Dayton, Ohio, native.

The medical personnel and equipment play an important role in a successful mission to keep Marines safe and medically ready to train with the West African partners participating in the exercise.

"We are Navy corpsman, nurses and doctors that have opted to be on the 'green side' with Marines because we want

to take care of them," said Constabile.

Exercise Western Accord 2012 is a multi-lateral training exercise with West African nations to increase understanding and interoperability, prevent conflict by enabling Africans to provide for their security and stability, strengthen relationships with partner nations, and promote and support U.S. national security priorities. The training will conclude July 24.

Participating nations include the U.S., Senegal, Gambia, Guinea, Burkina Faso and France. All the nations participating in WA-12 belong to the Economic Community of West African States; a united front of African nations that have banded together for common economic benefit.

Navy Med participates in first reconstructive transplant symposium

By Joshua L. Wick, U.S. Navy Bureau of Medicine and Surgery Public Affairs

BETHESDA, Md. - The top military and civilian experts in the field of reconstructive transplantation gathered for the first Department of Defense Reconstructive Transplantation Symposium July 10, at the Uniformed Services University of the Health Sciences, in Bethesda, Md.

Participants presented on the military's expanding clinical partnership and inter-institutional collaboration in support of service members injured in Operations Iraq Freedom and Operations Enduring Freedom.

The goal of the symposium was to showcase findings from the American Society for Reconstructive Transplantation (ASRT) partners in what is known in the medical community as vascularized composite allotransplantation (VCA).

"VCA refers to the transplantation of multiple tissues such as muscle, bone, nerve and skin, as a functional unit (e.g. a hand, or face) from a deceased donor to a recipient with a severe injury," according to the ASRT website. "These grafts serve as potential replacements for traumatic tissue losses such as limb loss from explosive devices."

The objective was to share provider experiences and promote scientific dialogue amongst all programs attendees. It also was the first meeting of the Tri-Service Transplant Board, tasked with overseeing ethical and responsible care of wounded servicemen who may be candidates for VCA.

The conference included representatives from the U.S. Navy, Army, Air Force,

Marine Corps, Veterans Affairs, Health Affairs, and TRICARE Management Activity as well as leadership from leading public and private medical and educational institutions involved in VCA.

Rear Adm. Michael H. Mittelman,

U.S. Navy deputy surgeon general, joined national VCA leaders as one of the keynote speakers emphasizing Navy Medicine advancements in the field.

"Navy Medicine has established strong partnerships with academia involved in regenerative medicine programs," said Mittelman. "Navy surgeons and researchers are doing fantastic work at our medical treatment facilities here at Walter Reed - Bethesda, out in San Diego, Calif., down in Portsmouth, Va. and various

other places."

Because of the blast injuries suffered by many service members during OIF, OEF future partnership and collaborations efforts are critical to the advancements in hand and face transplantation, added Mittelman.

These efforts are not new to Navy Medicine, but they are becoming more and more routine, Mittelman said.

Navy Medicine successfully performed its first VCA hand transplant in March 2011 in collaboration with Emory University Medical Center teams and future opportunities are on the horizon with Johns Hopkins University Medical Center and Walter Reed National Military Medical Center in the later part of 2012.

"[Navy and Marine Corps Medicine] is leveraging this work, not only to help our wounded, ill and injured warriors," said Mittelman, "But to create opportunities and advancements that will translate and benefit all medical sciences and care of those suffering in society."

This aspect is a key pillar for Navy Medicine's efforts in global humanitarian outreach and disaster relief.

"Through partnership like this, we all will have opportunity to benefit directly from such developments," said Mittelman.

In addition to Mittelman, several other top Navy Medicine leaders were in attendance and participated in the symposium.

"Navy Medicine has established strong partnerships with academia involved in regenerative medicine programs."

**—Rear Adm. Michael H. Mittelman
U.S. Navy Deputy Surgeon General**



Photo by Mass Communication Specialist 2nd Class Chad A. Bacon

NMCSO first association Olympics

Seaman Brandon Proett, struggles to finish a push up during the four-man push-up event during Naval Medical Center San Diego's first association Olympics, July 18. Proett and his teammates are members of NMCSO's Coalition of Sailors Against Destructive Decisions chapter. The Olympics helped build camaraderie and team skills in a friendly environment. Other events included the standing long jump, litter carry relay and tug of war.

Got News?

If you'd like to submit an article or have an idea for one, contact
MEDNEWS at 703-681-9032 or Valerie.Kremer@med.navy.mil



US Naval Hospital Sigonella welcomes new commanding officer

By Hospital Corpsman 2nd Class (FMF) Matthew Clutter, Naval Medical Center Portsmouth Public Affairs

SIGONELLA, Italy - U.S. Naval Hospital Sigonella held a change of command ceremony July 20.

Capt. Patricia McDonald relieved Capt. Cynthia Feller. Rear Adm. Elaine C. Wagner, commander, Navy Medicine East, served as the guest speaker at the ceremony and commended Feller for her time, leadership and dedication as commanding officer.

"Real influence is most often personal," said Wagner. "I think that description describes Capt. Cynthia Feller to a 'T.' She has the credentials, she has been in the spotlight and she has helped others make their dreams come true. Simply put, she has had real influence at this command."

Feller led of a large multinational workforce including Arab, Greek and Italian nationals as well as active duty military, geographically dispersed to remote locations in three countries and two areas of operation in support of numerous Navy, European Command, and other

joint and combined organizations and operations. She established a benchmark of excellence in care for a beneficiary population of 8,151 and 30,000 transient and deployed military in the U.S. 5th and 6th Fleet's area of responsibility.

"It's been the greatest pleasure to work with my entire team," said Feller. "If I do have a legacy to leave behind as commanding officer, I hope it's that each of you continue to take care of your shipmates, to keep growing and keep the love for your country strong."

Feller will now report as force surgeon for Commander, U.S. Naval Forces Europe (NAVEUR)-Commander, U.S. Naval Forces Africa/Commander, U.S. 6th Fleet in Naples, Italy.

"You are inheriting an experienced and highly motivated crew with a proven track record of success," Wagner said to McDonald. "I have every confidence that with your outstanding leadership skills, your passion for patient-centered initiatives, and your own stellar track record, you will be able to take Naval Hospital Sigonella to the next level."

During the course of McDonald's



Courtesy photo

Capt. Patricia McDonald relieved Capt. Cynthia Feller during a change of command ceremony, July 20, at Naval Hospital Sigonella, Italy.

26-year naval career, including 23 active duty years, Naval Hospital Sigonella's new commanding officer has spanned the

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USS ENTERPRISE QUALIFIES 13 MEDICAL, DENTAL OFFICERS

By Lt. Clifton Butler, USS Enterprise (CVN-65)

USS ENTERPRISE - The USS Enterprise (CVN-65) is on its final deployment after 50 years of service to the fleet.

During this time frame officers within the medical and dental departments have been given the opportunity to pursue and obtain qualification as Surface Warfare Medical Department Officers through the ships Warfare Qualification Program.

"Officers within the medical and dental departments, who pursue and are designated as SWMDO officers, exhibit a mark of professional achievement and can be identified by their demonstration of proficiency in the art of Naval Surface Warfare," said Capt. William C. Hamilton, Jr., commanding officer, USS Enterprise.

The program focuses on specific and required knowledge for the medical/dental officers to familiarize themselves with in order to qualify for wearing the warfare pin.

Through Big "E's" warfare program, 13 Medical Service Corps, Medical Corps, Dental Corps, and Nurse Corps officers combined have recently qualified as SWMDO Officers.

The SWMDO Program allows for the officers to learn more about the history of the Navy, historic naval battles, the Navy's mission, and ships and aircraft associated within battle groups.

"This is a great accomplishment amongst our departmental officers and is a significant milestone for everyone's career," said Capt. Stephen W. Paulette, senior SWMDO. "I am proud to be apart of such a great group."

The qualification process consists of a personal qualification standards booklet to collect signatures and an oral board to discuss what the officers have learned over the period of familiar-



Photo by Lt. Clifton Butler

Front row (L-R): Lt. Cmdr. Amarjeet Purewal (MSC), Lt. Robin Schubauer (MSC) Dental Program Manager, Capt. Stephen Paulette (DC) SWMDO Coordinator, Cmdr. Kevin Brown (MC), Senior Medical Officer, Cmdr. Patrick McGroarty (DC), Dental Department Head, Lt. Clifton Butler (MSC) Medical Program Manager. Back row (L-R): Lt. Brittany Angelloz (DC), Lt. Daniel Fuhrman (DC), Lt. John Robertson (MC), Lt. Darcy Guerrica-goitia (NC), Lt. Benjamin Dabney MSC, Lt. Miriam Behpour (DC), Lt. Monica Hernandez (MSC)

izing themselves with each area of the ship and ships of the fleet. The process takes approximately six to nine months to gather all signatures for the PQS.

The Commanding Officer or appointee convenes an oral board to test the officer's knowledge of the ship and fleet components. The officers who pass their boards are subsequently qualified as SWMDO Officers.

NAMRU-3 influenza center project in Turkmenistan is complete

From NAMRU-3 Public Affairs

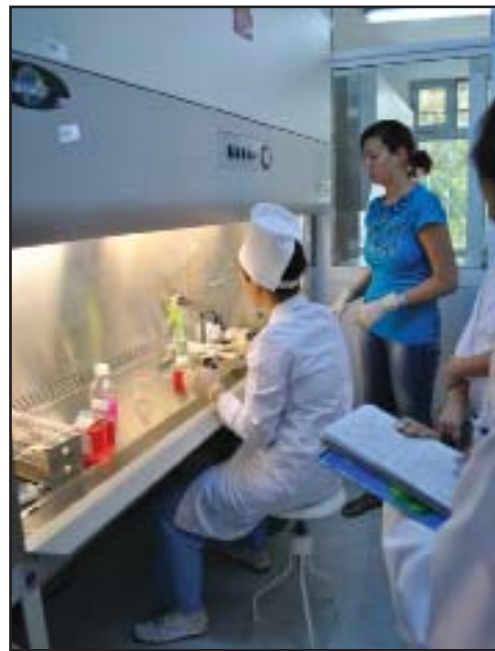
CAIRO - A five-year scientific project to assist Turkmenistan with the development of a National Influenza Center is complete. In 2007, the U.S. Naval Medical Research Unit No. 3 (NAMRU-3) in Cairo, Egypt, initiated this collaborative effort focused on avian influenza virus control and human pandemic preparedness and response through improvements in laboratory capacity building initiatives. Specifically, the project sought to monitor AI and influenza virus in humans, particularly the strain known as H5N1.

"NAMRU-3 installed laboratory equipment to enhance laboratory capacity and develop appropriate bio-safety practices," said Capt. Buhari Oyofe, the commanding officer of NAMRU-3. "With the support of the U.S. diplomatic mission in Ashgabat, NAMRU-3 sent teams of researchers and technicians to assess

in-country medical facilities, install equipment and conduct hands-on laboratory training."

Oyofe added that this was a collaborative project with the Turkmenistan Ministry of Health, under the auspices of the World Bank, the U.S. Centers for Disease Control and Prevention and the World Health Organization Global Influenza Surveillance and Response System.

The combined efforts of NAMRU-3, the WB, and the CDC have provided the Turkmenistan Ministry of Health with the ability to receive and process appropriate samples for virus isolation and identification while meeting WHO national influenza center standards. The laboratory must have virological and epidemiological monitoring capacity for influenza, including sample collection and appropriate shipment and the capability to perform influenza virus isolation and subtyping.



Courtesy photo

NAMRU-3's Iman Medhat providing training on virus isolation/cell culture

NEPMU6 provides Korean Navy health protection support

By Lt. Bryan Heintschel, NEPMU6 Public Affairs

PEARL HARBOR, Hawaii - Navy Environmental and Preventive Medicine Unit Six (NEPMU6) provided public health fleet support to the Republic of Korea (ROK) Navy on July 2, 2012.

The ROK Yulgok Yi-I (DDG-992) requested water quality screening assistance during their visit to Joint Base Pearl Harbor-Hickam, Hawaii, as part of the 2012 Rim of the Pacific

(RIMPAC) Exercise.

A preventive medicine team from NEPMU6 collaborated with the ROK ship's medical staff to provide the expertise and equipment necessary to ensure their potable water met all ROK quarterly mandated standards.

According to Lt. Jungyeon Lee, Senior Medical Officer from the Yulgok Yi-I, the ship's leadership was extremely grateful to NEPMU6 for providing critically needed preventive medicine support in such a timely manner.

NEPMU6 offers public health support to all visiting nations participating in RIMPAC 2012. Their staff specializes in disease threat assessment, epidemiology, environmental health and sanitation, industrial hygiene and safety, medical entomology and microbiology.

RIMPAC 2012 runs from June 27 – Aug. 3, and involves 22 nations, 40 surface ships, six submarines, over 200 aircraft and 25,000 personnel engaged in the world's largest international maritime exercise.

This will be the 23rd exercise in the biennial series taking place in and around the Hawaiian Islands since 1971.

Navy Environmental and Preventive Medicine Unit 6 staff, Lt. Claes-Jacobson and Lt. j.g. Sterling, collect water samples aboard the Republic of Korea Yulgok Yi-I (DDG-992) during RIMPAC (Rim of the Pacific Exercise 2012).



Photo by Hospital Corpsman 1st Class, Michael Williams, NEPMU-6



View more Navy Medicine photos online at:
www.flickr.com/photos/navymedicine/



Saving lives: Navy hospital corpsmen

By Cpl. Isaac Lamberth, Marine Corps Air Station Miramar, 3rd Marine Aircraft Wing

The Bastion Role 3 hospital is known in Helmand province for its superb medical care and the extraordinary talent of its medical staff.

Completing a three-week tour at the hospital, two sailors from Marine Wing Headquarters Squadron 3 gained combat life-saving experience and were able to apply their training while there.

Navy Petty Officers 3rd Class Nicholas Becker and Joshua Blanchard, hospital corpsmen with the squadron, began working at the Bastion-based hospital hoping to put their medical training to use.

They would soon be put to the test as the hospital regularly receives combat injuries.

Known to some simply as 'Role 3,' the code for the top echelon of medical care provided, the Bastion hospital is the only one of its kind in Regional Command Southwest and one of three in the entire country.

The hospitals are staffed with a variety of medical specialists, ranging from intensive care doctors to radiologists and surgeons, who see a wide range of injuries.

While there, the duo's medical skills and knowledge were put to the test.

"We saw a lot of critical injuries come in," said Becker, a native of Independence, Iowa. "Some of these guys just got out of engagements and really needed our help."

Becker said the diversity of the hospital was a bit overwhelming, but he adapted and believes it will benefit him in the long run.

"I was a bit apprehensive when I first got there because of all the different countries that work there and the different procedures that are used," he explained. "I was used to working alone and doing battlefield medicine. I had to change the way I was doing things and work as a team."

Everyone on the team has a part to do and it took me a while to get used to that and not just think of it as a one-man show."

Members of the United Kingdom, Estonia, Netherlands, U.S. Army and numerous service members from other countries make up the staff of the Role 3. Becker believes the diversity of the staff benefited him and gave him a new appreciation for

"Everyone on the team has a part to do and it took me a while to get used to that and not just think of it as a one-man show," said Becker.

SIGONELLA

From page 8

globe in service of her country.

"This was my first choice," McDonald said of the Sigonella hospital. "I feel very fortunate to be the CO here."

U.S. Naval Hospital Sigonella is Mc-

Donald's latest stop in a career that began in 1986 as a staff nurse at National Naval Medical Center in Bethesda, Md., after graduating from Rutgers University.

McDonald has served in numerous positions around the globe which include Naval Hospital Guam, Naval Hospital



Photo by Cpl. Isaac Lamberth

Navy Hospital Corpsman 3rd Class Joshua Blanchard, Marine Wing Headquarters Squadron 3 and Carson City, Nev., native, completed a three-week tour at the Bastion Role 3 hospital working side-by-side with staff there.

working with a coalition of forces.

Blanchard, a Carson City, Nev., native, said saving people's lives helped him feel like he was making a difference.

He said one of the most rewarding experiences he had was when a seven-year-old boy arrived at the hospital with a gunshot wound to the chest and survived.

"To me, seeing him live after all he had been through. . . it was an amazing sight," he said.

Riding on the heels of the 114th birthday of the Navy Hospital Corps, a bit of pride resides inside both sailors.

"We were the only Navy guys there in the entire hospital," Becker said. "Not only that, but our birthday was coming up

and it sends a feeling of pride through you that men and women before you have been doing this for over a hundred years. We're still continuing that tradition of saving lives on the battlefield."

Upon completing their time at Role 3, Becker and Blanchard have both resumed their normal duties within the squadron.

With real-life trauma experiences under his belt, Becker hopes to apply his new knowledge in future endeavors. Becker said he plans to apply to Marine Special Operations Command or the Navy SEALs.

Camp Pendleton, U.S. Naval Hospital Naples, Italy, Naval Hospital Camp Lejeune, and Naval Hospital Jacksonville, to name a few.

In 2010, McDonald was appointed as the executive officer of Naval Hospital Lemoore, Calif.

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